

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSE

BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES

550 West 7th Ave
Atwood Building Room 1270
Anchorage, AK

February 12-13, 2015

**These DRAFT minutes were prepared by the staff of the Division of
Corporations, Business and Professional Licensing.
They have not been reviewed or approved by the board.**

By authority of AS 08.065.020 and in compliance with the provision of AS 44.62, Article 6,
a scheduled meeting of the Board of Certified Direct-Entry Midwives was held
February 12-13, 2015, 550 West 7th Ave, Suite 1270 Anchorage, AK

Thursday February 12, 2015

Call to Order/Roll Call

Cheryl Corrick called the meeting to order at 9:08 a.m. A quorum of the Board was present.

Cheryl Corrick, CDM, Chair, Fairbanks
Jennifer Swander, Public Member, Secretary, Seward
Deborah Schneider, CDM, Wasilla
Peggy Downing, MD, Wasilla
Sarah Taygan, CNM, Anchorage

Present from the Division of Corporations, Business & Professional Licensing

Sara Chambers, Director (via telephone)
Martha Hewlett, Administrative Officer (via telephone)
Angela Birt, Chief Investigator
Alvin Kennedy, Senior Investigator
Ed Riefle, Senior Investigator
Brian Howes, Investigator
Connie Petz, Licensing Examiner

Public Members in attendance:

February 12, 2015: Susan Terwilliger, Kay Kanne, Lena Kilic, Juniper Lanmon, Autumn
Loken, Judi Davidson, Darcy Lucey, Holly Steiner

February 13, 2015: Samantha Keller, Judi Davidson, Juniper Lanmon, Lena Kilic, Susan
Terwilliger, Darcy Lucey, and Iris Caldentey

53 **Agenda Item 1 - Consent Agenda**

54
55 October 2-3, 2014 meeting minutes
56 December 1, 2014 teleconference minutes
57 October 6, 2014 letter to Senator Fairclough
58 October 8, 2014 letter to Director Brodie
59 October 13, 2014 letter to Maureen Sullivan
60 October 16, 2014 letter to Darlene Dorries-Scrivner
61 October 16, 2014 email to Anna Lavender
62 Sunset Audit – Final Report 2014
63

64 **ON MOTION BY TAYGAN, SECONDED BY SWANDER TO APPROVE THE OCTOBER 2-3, 2014**
65 **MEETING MINUTES AS FINAL. ALL IN FAVOR, NO NAYS.**
66

67 **ON MOTION BY TAYGAN, SECONDED BY SCHNEIDER TO APPROVE THE DECEMBER 1, 2014**
68 **TELECONFERENCE MINUTES AS FINAL. DR. DOWNING ABSTAINED. ALL IN FAVOR, NO NAYS.**
69

70 Dr. Downing abstained as she was not present during the December 1, 2014 teleconference.
71

72 **ON MOTION BY TAYGAN, SECONDED BY SWANDER TO APPROVE ITEMS 1, 2, 3, 4, 5, 6, 7**
73 **AND 8 OF THE CONSENT AGENDA. ALL IN FAVOR, NO NAYS.**
74

75 **Agenda Item 2 - Review/Approve Agenda**
76

77 Agenda amended to end meeting on February 13th at 3:30 p.m. instead of 4:00 p.m. to allow
78 time for Ms. Corrick to testify before the legislature for the Board's legislative audit report.
79

80 **ON MOTION BY SCHNEIDER, SECONDED BY TAYGAN TO AMEND THE AGENDA TO END THE**
81 **MEETING AT 3:30 ON FEBRUARY 13TH. ALL IN FAVOR, NO NAYS.**
82

83 **Agenda Item 3 - Ethics Reporting**
84

85 There were no ethics violations to report by any board members or staff.
86

87 **Agenda Item 4 - Old Business Discussion**
88

89 The Board reviewed and finalized their letter to Alaska Medical Board and Bartlett Hospital
90 stating their understanding of Alaska Law for Certified Direct Entry Midwives.
91

92 **ON MOTION BY DR. DOWNING, SECONDED BY TAYGAN TO APPROVE THE LETTER TO THE**
93 **MEDICAL BOARD AND BARTLETT HOSPITAL. ALL IN FAVOR, NO NAYS.**
94

95 Task: Staff will put on state letter head and forward to Dr. David Miller of the Alaska Medical
96 Board and Dr. James Thompson of Bartlett Hospital along with attachments from prior
97 correspondence.
98

99 Staff informed the board that Director Chambers had sent a follow-up memo to Health and
100 Social Services, Director Brodie, asking her for a response to the Board's October 8, 2014 letter
101 regarding the infant care and the apprentice issue. A response has not yet been received.
102

103 Task: Staff will forward any response from Director Brodie to the Board once received.
104

Agenda Item 5 - Investigative Report

Investigative staff attending the meeting were; Chief Birt, Al Kennedy, Ed Riefle, and Brian Howes who was introduced as the boards new investigator.

Brian Howes presented the investigative report for the period September 30, 2014 through January 1, 2015; includes 14 files opened, 14 closed and 11 ongoing. He asked the Board to consider Executive Session for discussion on a case.

Al Kennedy stated four files which had been moved to the Attorney Generals' office are set to be reviewed soon. One file is still with OSPA for unlicensed practice.

Ms. Birt assured the Board that the division is working with the legislative audit recommendations.

Ed Riefle was assigned to a special project for 14 files. Licensees were notified and these cases were opened and closed quickly as it was determined the postmark date of May 1st would be accepted. Those with a later postmark date were reminded of the regulatory deadline.

Ms. Taygan asked if it was possible for investigations to provide the costs related to each case. Ms. Birt stated that it's positive time keeping, not per case but per board. Ms. Taygan felt that when you keep track you can quantify the problem. Ms. Birt explained they are exploring other ways of calculating costs.

There was discussion as to how the Board can keep costs down, would the disciplinary action matrix help. Ms. Birt explained it can be a guideline, each case must be considered by its own merits. Investigations can work with the Board on this and Mr. Howes will help with a historical precedent and he will work with the chair of the Board.

The Board again asked about the process of investigations. The Board wants Midwives Association of Alaska peer review to be the authority on case review. Ms. Birt stated it is the Board who is authorized to discipline as board members are appointed by the governor.

The Board asked if Peer Review could be the clinical expert who would advise the investigator on all cases. Ms. Birt said then the Board would see nothing on the case, it would only be the final agreement.

Ms. Corrick called for a motion to enter into executive session in accordance with AS 44.62.310 **(c)** The following subjects may be considered in an executive session **(2)** subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; and **(3)** matters which by law, municipal charter, or ordinance are required to be confidential; in order to review an application and a consent agreement.

ON A MOTION BY TAYGAN, SECONDED BY SCHNEIDER, TO ENTER EXECUTIVE SESSION PER AS 44.62.310 (C)(2) AND (3) TO REVIEW AN APPLICATION AND A CONSENT AGREEMENT. ROLE CALL VOTE, EACH BOARD MEMBER STATED THEIR NAME AND VOTED YES TO ENTER EXECUTIVE SESSION. SWANDER, SCHNEIDER, DOWNING, TAYGAN, CORRICK

For the record Ms. Corrick stated all Board members and investigative staff, Birt, Kennedy, Riefle and Howes as well as Petz to stay in the room. Public members were asked to leave the room.

Off the record 10:23 a.m.

Back on the record 11:42 a.m.

Dr. Downing left the meeting at 11:45 a.m. all other Board members, Investigator Kennedy and staff Petz remained in the room.

ON A MOTION BY SWANDER, SECONDED BY SCHNEIDER, TO ACCEPT THE CONSENT AGREEMENT. THE BOARD OF MIDWIFERY FOR THE STATE OF ALASKA, HAVING EXAMINED THE CONSENT AGREEMENT AND PROPOSED DECISION AND ORDER, CASE NO. 2014-000346, LICENSE NO. 75 ADOPTED THE CONSENT AGREEMENT AND DECISION AND ORDER IN THIS MATTER WITH THE MODIFICATIONS TO REDUCE THE FINE TO A SUSPENSION OF \$4500.00 AND INSTRUCTIONS ON HOW TO DO ADDITIONAL TRAINING TO REDUCE PROBATION TO BE COMMUNICATED TO HER AS WELL. ALL IN FAVOR, NO NAYS.

Ms. Corrick stated the motion passed and was approved with the modified consent agreement for Madison Nolan Grimes, respondent. Ms. Corrick signed the board order.

The Board was behind schedule and will return to investigation discussion after the Budget is discussed.

Agenda Item 6 - Budget Report - Annual Fiscal Report

Administrative Officer Martha Hewlett and Director Sara Chambers both spoke to the Board via telephone and explained the budget report and budget analysis. As of the end of the 2nd quarter of FY15 the Board had a negative deficit of \$117,725.

Ms. Hewlett informed the Board that if they held board meetings a few weeks after the end of each quarter they could have the most current financials at each meeting. She provided FY15 financials through the 2nd quarter, costs for investigations were \$1292.91 and regulations \$658.73.

Ms. Chambers informed the Board that she will return to her prior position as operations manager and the new Director, appointed by the Governor, will start on March 2, 2015.

Lunch Recess – off record at 12:53 p.m. Reconvene at 2:04 p.m. All board members except Dr. Downing who had an excused absence for the afternoon session.

Agenda Item 7 - Public Comment

Holly Steiner asked the Board to streamline license renewal and implement online renewal applications. Staff explained that the division is working towards online renewal applications for many boards.

Task: Staff was asked to inform the division the Board would like online license renewal.

Susie Terwilliger, representing Midwives Association of Alaska and asked the Board to accept the MANA summaries and MANA stat forms for peer review instead of the current MAA reporting forms for birth summary. As of January 1, 2015 MAA has transitioned to the MANA forms. It was noted the regulation states a copy of each birth summary however she asked the Board to accept the summary of all births on one form instead of a summary of each birth.

The Board interpreted the regulation does not say what the form is only that it should be a summary of each birth. Ms. Corrick stated that she did not see any reason that MAA could not use their own forms.

Lena McGinnis Kilic stated she was the new chair of MAA accountability action committee for Peer Review. She said they are working towards more self-governing as much as they can. She will provide staff with the list of who is now on the peer review committee.

Ms. Kilic asked the Board to remove the requirement for peer review to use the outliers created in the past. Considering the Board has requested MAA do their peer review of birth summaries and they feel like it is adequate that they review selected charts. MAA now has their confidential peer review in place. Midwives will have two charts reviewed during the license period. The midwife will sit with their fellow midwives and have their chart reviewed. The Board agreed peer review did not need to consider outliers any longer.

Ms. Kilic said the Board has entrusted peer review to perform tasks and the Board should trust them. She asked that the Board no longer require peer review return the postmarked envelopes. The Board decided to drop the requirement to document the envelope which would provide a date the licensee submitted documentation to peer review.

Several midwives shared they were distressed over receiving letters from investigations for late reporting of peer review when it was then later determined the postmark date would be accepted as the date of submission, not the date it was actually received.

Holly Steiner said it's up to the Peer review committee to determine if a midwife is in compliance.

Ms. Taygan read 08.01.070(4) requires, through the department, investigation of violations of its laws and regulation. She does not understand why the Board is not the one who decides what should go to investigations.

MAA chair Susie Terwilliger also asked the Board to not require the postmarked envelopes from the midwives and to trust Peer Review. MAA designated the accountability action committee for peer review. The Board decided that they will trust peer review to make sure all midwives are in compliance.

There was extensive discussion over what should or should not be submitted to investigations.

ON A MOTION BY SWANDER, SECONDED BY SCHNEIDER TO CREATE A SUBCOMMITTEE OF JENNIFER SWANDER AND SARAH TAYGAN TO WRITE A LETTER TO INVESTIGATIONS ABOUT OUR CONCERNS. ALL IN FAVOR, NO NAYS.

TASK: Ms. Taygan will write the letter and address it to Chief Birt, investigations and Sara Chambers.

Kaye Kanne stated she thought processes have broken down. She said the licensing examiner works for the Board and it is a conflict of interest when the examiner turns any complaints over to investigations. She asked the Board to get a legal opinion to determine what the examiner could and could not do for the Board as it will save everyone time and money.

Ms. Corrick will talk to Ms. Chambers about these concerns.

Agenda Item 8 - Peer Review & Peer review agreement

Staff will mail Peer Review letters in early March to all midwives.

The current peer review agreement ends May 2015. The Board was presented with the state of Alaska's Standard Agreement Form for Professional Services. They decided to take up the discussion later in the meeting as they were not comfortable with the contract wording.

The Board decided to ask investigations to come back to the meeting to explain the investigative process. The Board wants Peer Review to be the first point of contact and they want Peer Review to be included in the department's investigative process. Staff would ask Chief Birt to attend the meeting Friday morning if available. The Board said this discussion will help them determine what questions they need to ask Department of Law.

Staff asked the Board if they want any process in place for peer review committee? It is understood the Board will have discussion for a future regulation project but there needs to be a system in place now as to what is expected from the committee within the current regulations.

Break 4:13 p.m. back on record at 4:25 p.m.

Agenda Item 9 - Regulations

The regulation project submitted to regulations specialist (statute enacted 10/2014) in October required additional board attention. The Board was behind schedule and recognized they would need more time to work on the regulations project. They agreed to arrive at 8:30 a.m. to split into teams for discussion. Dr. Downing was not at the meeting during this discussion, so she would not be part of this committee.

Staff will type up the amendments discussed for the regulations for the Board to review and approve on Friday.

Ms. Terwilliger asked the Board to amend 12 AAC 14.500. PRENATAL CARE (c) At the initial prenatal visit, the certified direct-entry midwife shall (J) cervical cytology;

Ms. Taygan will work on this for the next regulation project.

ON MOTION BY SWANDER, SECONDED BY SCHNEIDER TO FORM A COMMITTEE OF SWANDER, CORRICK, TAYGAN AND SCHNEIDER TO WORK ON REGULATION PROJECT AT 8:30 A.M. ON 2-13-15. ALL IN FAVOR, NO NAYS.

Recess Meeting at 5:17 p.m.

Friday February 13, 2015

The Board broke in to two teams to work on regulation wording at 8:30 a.m.

Ms. Corrick called the meeting to order at 9:05 a.m. and took roll call. Swander, Schneider, Taygan and Corrick were all present as was staff Petz. Dr. Downing arrived at 9:08 a.m.

Staff confirmed Chief Birt would return to the meeting per their request.

Old Business from Thursday, Board deviated to agenda item 8, peer review contract.

Both Ms. Swander and Ms. Taygan said they did not think they should use this contract. Staff explained this is the contract between the state of Alaska and MAA. The Board wants to keep their prior written agreement and does not read in the regulations where it states they need a contract.

The Board decided to reject the contract presented by the state with the Midwives Association of Alaska. They noted the regulation states "the board will designate". They choose to make two motions, one designating peer review and one to reject the proposed state contract with MAA.

ON A MOTION BY SWANDER, SECONDED BY SCHNEIDER, THE BOARD WILL DESIGNATE AS A PEER REVIEW COMMITTEE THE MIDWIVES ASSOCIATION OF ALASKA WHICH IS THE QUALIFIED ORGANIZATION WITH EXPERIENCE IN CERTIFIED DIRECT-ENTRY MIDWIFERY TO PROVIDE PEER REVIEW TO THE BOARD CONCERNING THE QUALITY OF CARE PROVIDED BY A CERTIFIED DIRECT-ENTRY MIDWIFE AS PER 12 AAC 14.900. ALL IN FAVOR, NO NAYS.

ON A MOTION BY SCHNEIDER, SECONDED BY DOWNING, WE DECLINE TO USE THIS PROVIDED STATE CONTRACT FOR DESIGNATING A QUALIFIED PEER REVIEW ORGANIZATION. ALL IN FAVOR, NO NAYS.

The Board deviated to discussion with Chief Birt who returned to the meeting at their request. They asked her to explain a flow chart used between investigations and peer review. Ms. Birt stated the flow chart presented to her does not reflect the way the division does business. The investigative process is on the website and was revised about 3 years ago.

Ms. Birt said only two programs have a peer review mechanism, chiropractors and midwives. The smallness of this community (approximately 30 midwives) makes it very difficult for investigations to investigate without bias. In order to abide by rules that give due process and you cannot taint the pool.

Her understanding for the mechanism of Peer Review is to provide oversight for general awareness, conduct an audit of births to see if there is a problem. They are not the mechanism to investigate matters.

Ms. Birt explained the investigative process must have authority. A complaint must have statutory or regulatory authority, such as 08.65.110, "secured a certificate or permit through deceit, fraud, or intentional misrepresentation" this is something that would be investigated.

There could be complaints that come in that are not governed by the statutes and regulations and those could be reviewed by peer review, if the Board wants them to be forwarded via a formal request from investigations. ie: "we received a complaint on this date... we do not have statutory authority to investigate this matter, please look into this and submit your results back to the board". If this is not happening, they (investigations) can make that happen.

Ms. Birt said her concern is that it appears the board wants peer review to do their investigations. Ms. Corrick said the point is to save investigations money and involve peer review who are the experts in midwifery. Ms. Schneider asked Ms. Birt if they confer with peer review during an investigation and how much time do they take to read through charts and documentation. Ms. Birt said that they are professional interviewers, they collect facts and it is the role of the board member who is appointed by the governor, to review the case.

Dr. Downing asked the Board if they really wanted to involve Peer Review in this process. She said peer review is protected and anything that is said during peer review is undiscoverable and protected.

Ms. Taygan asked why not contact a board member to review any complaint first. Chief Birt explained that if the board member vetted a complaint then that person could not participate in any further review of it. The Board is so small you reduce the ability of the Board to have a quorum to make decisions. It is safer for the Board to allow the investigative department to run their investigation. If someone contacted a board member, they have no idea if they might be under investigation. If a board member engages in conversation they engaged in ex parte communication and have broken the law. She said, let the calls come to the division, don't engage, it protects the Board from civil liability. Then the investigator contacts the reviewing board member, asks if they know the person or if they have any conflict of interest. If they do, then a different board member is contacted.

It was asked when it comes to staff reporting technical violations, why can't staff contact a board member to determine if there is any reason to be concerned? Chief Birt recommended the Board chair write a letter to the director to ask for a legal opinion on their statutes and regulations which they are uncertain on how to interpret. When a Board has a question on interpretation of a law they should seek legal opinion as it protects the Board. If the Board makes a decision that is not defensible they could potentially be held liable for some action that may harm someone who could bring civil suit against the Board or board member personally.

Angela asked the Board to confirm that if a complaint comes in that is not jurisdictional the Board wants it to be referred formally to peer review so they can address the matter.

The Board recognized the old flow chart should be removed so it does not get addressed again.

Break 10:30 a.m. back on record 10:38 a.m.

Deviated to schedule meetings.

February 25-26, 2016 two day board meeting to be held in Anchorage.
May 11, 2015 Teleconference was scheduled for 12:15 p.m. to 12:45 p.m.

The May teleconference is being scheduled to review the draft regulations to approve for public comment and to hold discussion about the disciplinary action matrix.

Task: Staff will forward date and times to the regulations specialist along with the proposed regulation project.

February 25-26, 2016 two day board meeting to be held in Anchorage.

Ms. Swander will draft a letter to Chief Birt for investigations (cc to Brian Howes) to formally ask investigations to ask that any complaint that is not a statute or regulation break to automatically be sent to peer review.

TASK: Staff - Send draft letter to all board members for approval to put on state letterhead

Deviated to **Agenda Item 11 - Review Applications for Licensure**

Cheryl Corrick, Chair of the Alaska Board of Certified Direct-Entry Midwives call for a motion to enter executive session in accordance with AS 44.62.310 **(c)** The following subjects may be considered in an executive session:

(2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;

(3) matters which by law, municipal charter, or ordinance are required to be confidential;

This is to discuss follow up discussion with the applicant.

ON A MOTION BY SCHNEIDER, SECONDED BY TAYGAN, CALL FOR A VOTE TO ENTER EXECUTIVE SESSION PER TO DISCUSS THIS MATTER. ALL IN FAVOR, NO NAYS.

Ms. Corrick stated the Alaska Board of Certified Direct Entry Midwives is RESOLVED to enter executive session. All board members, Iris Caldentey and staff to stay in the room, all public members to leave the room.

Enter Executive Session – Off the record 10:48 a.m. Back on record at 11:06 a.m.

The Board determined they should review other applications in Executive Session.

Cheryl Corrick, Chair of the Alaska Board of Certified Direct-Entry Midwives call for a motion to enter executive session in accordance with AS 44.62.310 **(c)** The following subjects may be considered in an executive session:

(2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;

(3) matters which by law, municipal charter, or ordinance are required to be confidential;

This is to discuss applications.

ON A MOTION BY SWANDER, SECONDED BY DR. DOWNING, CALL FOR A VOTE TO ENTER EXECUTIVE SESSION TO DISCUSS TWO APPLICATIONS. ALL IN FAVOR, NO NAYS.

Ms. Corrick stated remaining in the room all board members and staff Petz.

Enter Executive Session – Off the record 11:07 a.m. Back on record at 12:50 p.m.

ON A MOTION BY SWANDER, SECONDED BY TAYGAN FOR IRIS CALDENTY TO RETAKE THE NARM AND CERTIFIED DIRECT-ENTRY MIDWIFE LICENSE PENDING PASSING THE NARM, PAYING THE LICENSE FEE, SUBMISSION OF CURRENT QUALIFYING CERTIFICATES AT TIME OF LICENSURE FOR GROUP B STREP AND THE IV THERAPY. ALL IN FAVOR, NO NAYS.

Motion passed unanimously.

Task: Staff will provide letter outlining the requirements for her application to be complete.

The Board reviewed the application for Juniper Lanmon and spoke with her. The Board is satisfied except for the evidence of the required 15 continuity of care births. They have seen evidence of 6 of them, and require evidence of 9 more continuity of care births to be completed prior to licensure.

ON A MOTION BY SCHNEIDER, SECONDED BY TAYGAN FOR JUNIPER LANMON APPROVE HER APPLICATION PENDING RECEIVING 9 CONTINUITY OF CARE BIRTHS. ALL IN FAVOR, NO NAYS.

Motion passed unanimously.

Task: Staff will provide letter outlining the requirements for her application to be complete.

Samantha Keller application by exam.

ON A MOTION BY SWANDER, SECONDED BY TAYGAN TO ACCEPT AND APPROVE SAMANTHA KELLER APPLICATION FOR CERTIFIED DIRECT-ENTRY MIDWIFE PENDING RECEIPT OF THE \$1750.00 LICENSE FEE. ALL IN FAVOR, NO NAYS.

Motion passed unanimously.

Task: Staff will issue license once fee is paid.

Two apprentice permit applications were discussed. The Board reviewed an applicant who had been issued an apprentice permit by staff, before it was determined by legislative audit that it is the Board who is to approve apprentices for a permit.

ON A MOTION BY SWANDER, SECONDED BY DR DOWNING TO ACCEPT AND APPROVE APPRENTICE PERMIT # 95 FOR MARY YANAGAWA. TAYGAN ABSTAINED, REST VOTED YES.

Motion passed with one abstained.

ON A MOTION BY TAYGAN, SECONDED BY SCHNEIDER TO APPROVE THE APPRENTICE PERMIT APPLICATION FOR COURTNEY DONNELLAN. ALL IN FAVOR, NO NAYS.

Motion passed unanimously.

Lunch break 1:02 p.m. Back on record 1:45 p.m.

Role Call: Corrick, Swander, Schneider, Downing, Taygan and staff Petz

The Board deviated back to agenda item 9 Regulations.

The Board is adding the below regulation changes to the prior regulation project submitted and reviewed at the October 2014 board meeting. It was noted there is one correction needed on that project. The spelling of the word abruption as stated under the proposed new scope of practice 12 AAC 14.150 (c)(9) has bleeding with evidence of placenta previa or placenta abruption.

Due to changes in statute AS 08.65.140 enacted on 10/23/2014 the Board reviewed the regulatory references in the regulations. Staff ran a find function and located all the areas where the statute AS 08.65.140 was referenced in the current regulations. The Board discussed changes to statute AS 08.65.140 must be addressed in the regulations as well as address the proposed new scope of practice regulation 12 AAC 14.150 which should now be referenced in the current regulation project.

In keeping with regulatory drafting policy; Words in **boldface and underlined** indicate language being added; works [CAPITLAIZED AND BRACKETED] indicate language being deleted. Complete new sections are not underlined.

Under scope of practice:

12 AAC 14.150 (a) it was decided that in addition to CNM to also include advanced practice registered nurse (APRN) as that is the new language being proposed in the profession of nursing.

Under 12 AAC 14.150 (a)(1) remove the words "a positive titer" and replace with the word "isoimmunization" and end with the word herpes by striking the words "in the first trimester or active herpes"

Under 12 AAC 14.150 (b) strike the words "In consultation with a physician, ANP or CNM" and begin with "A certified... "

Under 12 AAC 14.150 (c)(4) has Rh disease add the words "with an affected fetus";

Under 12 AAC 14.150 (c)(9) has bleeding with evidence of placenta previa add the words "or placental abruption";

Under 12 AAC 14.400(b)(4) change (D) to (B) and correct spelling on acronym NRP.

12 AAC 14.500. PRENATAL CARE.

(b) At the initial prenatal visit, the certified direct-entry midwife shall recommend that the client undergo a physical examination as required in AS 08.65.140 **(1)** to screen for health problems that could complicate the pregnancy or delivery and that includes a review of the laboratory studies required in (c) of this section. The certified direct-entry midwife shall obtain a signed written consent from the client reflecting the client's informed choice regarding the recommended physical examination and retain the consent in the client's record.

- Clarify 12 AAC 14.500. PRENATAL CARE. (b) the statute reference AS 08.65.140 should now read AS 08.65.140(1)

(f) The certified direct-entry midwife shall comply with ~~[AS 08.65.140(B)]~~ **{change to} AS 08.65.140(2)** in obtaining a signed informed consent ~~[FOR HOME DELIVERY]~~ **{add words} before the onset of labor**

- Clarify: Home delivery is old verbiage and today women have 'out of hospital' births, meaning in homes or in birth centers. By adding the words **before the onset of labor** it clarifies when to have the signed informed consent.

(i) If, following the consultation set out in (h) of this section, the physician recommends referral for immediate medical care the certified direct-entry midwife shall refer the client for immediate medical care. A referral for immediate medical care does not preclude the possibility of ~~[A HOME]~~ **out of hospital** delivery if, following the referral, the client does not have any of the conditions set out in AS 08.65.140~~[(d)]~~ **(4) and 12 AAC 14.150**

- Clarify: change to newer verbiage "out of hospital", change old statute to new statute reference AS 08.65.140(4) and add new scope of practice regulation 12 AAC 14.150

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.510. INTRAPARTUM CARE. (d) A consultation or referral as required in (c) of this section does not preclude the possibility of a [home delivery] out of hospital if, following the consultation with a physician or referral for medical care, the client does not have any of the conditions set out in AS 08.65.140[(D)] **(4) and 12 AAC 14.150**

- Clarify: change to newer verbiage "out of hospital", change old statute to new statute reference AS 08.65.140(4) and add new scope of practice regulation 12 AAC 14.150

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.520. POSTPARTUM CARE.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.530. INFANT CARE.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.540. RECORDS.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.550. MEDICAL BACK-UP ARRANGEMENTS.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.570 (6) pitocin, administered by intramuscular injection or [INTRAVENOUS DRIP] intravenously, for [CONTROL] the prevention or treatment of postpartum hemorrhage;

- Clarify: reflect current standard of care

12 AAC 14.570 (7) methergine, administered orally or by intramuscular injections, [IN AN EMERGENCY SITUATION] for the prevention or treatment of [CONTROL] postpartum hemorrhage [THAT WAS NOT CONTROLLED BY THE ADMINISTRATION OF PITICON].

- Clarify: reflects current standard of care

12 AAC 14.570 (8) lactated ringers, plain or with dextrose five percent, or normal saline, up to [2000 MILLILITERS] 2 liters administered intravenously to a client who would benefit from hydration

- Clarify: correcting grammar

12 AAC 14.600. EMERGENCY PRACTICES. In addition to the practices permitted in [~~AS 08.65.140(E) AND (F)~~] {add} **08.65.140(4), 12 AAC 14.150** and 12 AAC 14.560, in an emergency a certified direct-entry midwife who has documented training and skills demonstrating competence as set out in 12 AAC 14.560 may

(1) perform an episiotomy; and

(2) [ADMINISTER PITOCIN, METHERGINE, EPINEPHRINE, AND DIPHENHYDRAMINE AS DESCRIBED IN 12 AAC 14.570(6),(7), (10), AND (11)] **attend and/or deliver a woman whose condition is outside the scope of practice in 08.65.140(4)**

- Clarify: repeal all of (2) administer pitiocin, methergine, etc.... and change in the event of an emergency a CDM may provide necessary services for an imminent delivery to a woman who would be outside of the scope of practice.

Authority: AS 08.65.030 [~~AS 08.65.140~~] AS 08.65.190

609
610 **12 AAC 14.610. EMERGENCY TRANSPORT PLAN**
611

612 **Authority:** AS 08.65.030 [~~AS 08.65.140~~] AS 08.65.190
613

- 614
- Clarify the board does not think this statute reference applies here.

615 **12 AAC 14.900. PEER REVIEW.**
616

617 (D) had any of the complications or conditions listed in AS 08.65.140[~~(d)(1) – (17)~~] {add} **(4) and**
618 **12 AAC 14.150** if the newborn was delivered by a certified direct-entry midwife ~~in accordance~~
619 ~~with AS 08.65.140(e) or (f)~~

620
621 **Authority:** AS 08.65.030 AS 08.65.110 {ADD} **AS 08.65.140**
622

623 **ON A MOTION BY SWANDER, SECONDED BY TAYGAN, TO APPROVE THE REGULATION**
624 **PROJECT TO BE PREPARED FOR PUBLIC COMMENT AS AMENDED AND READ ABOVE.**
625 **ALL IN FAVOR, NO NAYS.**
626

627 TASK: Staff forward regulation project to Mr. Maiquis, requesting it be ready for the Board to
628 review on May 11, 2015 for a teleconference. Also, run a word search for “home delivery”.
629

630 The Board took a moment to offer a certificate of appreciation to Dr. Downing for her eight
631 years on the board.
632

633 Deviated to **Agenda Item 10 - Course Provider Review**
634

635 The Board is required to review approved organized course of study providers biennially per 12
636 AAC 14.200. COURSE OF STUDY REQUIREMENTS (e). They are to determine if the course of study
637 on the list continues to meet the requirements as outlined in 12 AAC 14.200. If they determine
638 they no longer met the requirements they would be removed from the list but would never be
639 able to be reconsidered.
640

641 Staff secured complete educational outlines from all three providers and asked them to
642 document they are meeting the Alaska regulations under 12 AAC 14.200. COURSE OF STUDY
643 REQUIREMENTS as well as documenting 12 AAC 14.200(g) a course of study must include at a
644 minimum a comprehensive mid-course of study examination and a final comprehensive
645 examination that covers all of the topics in (a) of this section.
646

647 The three course providers now have their educational programs documented and the Board
648 will only ask they submit documentation for any changes to their course content in the future.
649

650 **ON A MOTION BY DR. DOWNING, SECONDED BY SWANDER, TO APPROVE ALL THREE**
651 **PROGRAMS, VIA VITA, ANCIENT ARTS AND MIDWIFE TO BE. ALL IN FAVOR, NO NAYS.**
652

653 Task: Staff will send the re-approval letter to all three of the course of study providers and
654 update the website.
655

656 **Agenda Item 12 - Correspondence**
657

Vicki Penwell asked to be considered as a course provider, staff had told the law did not allow the board that option, all new courses are required to be MEAC approved. She is in the process of having her course approved by MEAC. No follow up required.

Agenda Item 13 -Annual Report

The Board did not have time go over the Annual report. Ms. Swander will complete the Narrative Statement based on the minutes for this fiscal year.

Ms. Schnieder proposed a sub-committee of two to work on future regulations and disciplinary matrix to bring ready to share at the next meeting. They will consider requiring preceptor be required to have a license in good standing. Hemmorage guidelines/Uterotonic agents, disciplinary matrix and all of those things to get farther ahead.

Dr. Downing left the meeting at 2:48 p.m.

The Board determined they were ready to add more to their regulation project as they had discussed Peer Review 12 AAC 14.900 (c)(1) for summaries be January 1st to December 31st instead of April 1 to March 31. They discussed other dates with Susie Terwilliger and she was not comfortable in making any change to the date required to be submitted unless she could first speak with Bruce Ackerman with MANA stats. It was determined that changing the dates for the summaries to a calendar year is the goal of MAA. Keeping the date midwives are required to submit to peer review will stay as May 1st. Staff will continue to send the Peer Review letter to licensees in March each year.

Ms. Swander read the entire proposed changes for the peer review regulation as the Board would like it to read. It is noted this motion does not include what would be removed from 12 AAC 14.900. They want this to be included with the current regulation project.

ON A MOTION BY SWANDER, SECONDED BY SCHNEIDER TO CHANGE THE REGULATIONS IN THE FOLLOWING

12 AAC 14.900. PEER REVIEW. (a) The board will designate, as a peer review committee, a qualified organization with experience in certified direct-entry midwifery to provide peer review to the board concerning the quality of care provided by a certified direct-entry midwife. (b) In the agreement for peer review services, the board will require the organization providing peer review to

(1) maintain confidentiality of medical records as required by law;

(2) **document that all certified direct-entry midwives have participated in Confidential Peer Review according to MAA By-laws;**

(3) review those summaries of births or other records submitted under (c) (2) and (3) of this section;

(4) review at the request of the board any case or summary of birth relating to care by a certified direct-entry midwife,

(5) maintain records of the organization related to the review;

(6) provide **communication** to the board and division investigative staff, as requested by the board or division investigative staff; and

(7) report to the board or division investigative staff on activities and results of the peer review conducted under this section, including any recommendations for disciplinary action.

(c) A certified direct-entry midwife shall submit to the board or, if an organization has been designated under (a) of this section, to that organization the following information:

(1) a copy of an annual summary of primary births attended by the certified direct-entry midwife, or assisting births that the certified direct-entry midwife is documenting for purposes of re-licensure, during the 12-month period that began January 1 of the preceding year; the copy must be submitted on or before May 1 of each year;

(2) all records required under 12 AAC 14.540 as requested by the board or the organization providing peer review; and

(3) within 14 days after the delivery or transfer of care all records required under 12 AAC 14.540 for any case in which a client for whom the certified direct-entry midwife had primary responsibility in Alaska

(A) died;

(B) required emergency hospital transport;

(C) required intensive care within the first week after birth; or

(D) had any of the complications or conditions listed in AS 08.65.140(4) and 12 AAC 14.150 if the mother was attended in active labor or the newborn was delivered by a certified direct-entry midwife.

(d) Failure to comply with the requirements of this section is grounds for disciplinary sanction under AS 08.65.110(6).

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.140

ALL IN FAVOR, NO NAYS.

Note: Dr. Downing was not in attendance for this motion.

**ON A MOTION BY SWANDER, SECONDED BY SCHNEIDER THAT THE PROPOSED PEER REVIEW REGULATIONS THAT WERE JUST READ GO OUT FOR PUBLIC COMMENT.
ALL IN FAVOR, NO NAYS.**

Note: Dr. Downing was not in attendance for this motion.

Task: Staff will forward all regulations to the regulations specialist.

Break off the record 3:11p.m. Back on record 3:15 p.m.

The Board discussed continuing education certificates and process for approval. When a course does not meet 12 AAC 14.430 APPROVED CONTINUING EDUCATION PROGRAMS, there is an allowance for the board to review programs under 12 AAC 14.430 (d) A continuing education program not sponsored by one of the organizations listed in (b) of this section must be individually approved by the board. A course renewal request should be submitted to the board in time to all review prior to submitting a renewal application.

Staff stated certificates can reflect who has provided the course (sponsored it) and reflect on the certificate who reviewed and approved the educational content.

Staff informed the Board MAA certificates received with renewal applications still do not reflect the date the course was completed. Ms. Schneider said that they were just trying to use up all the old certificates which had been printed before revising them.

The Board may consider having future applications reviewed via a secure website mail ballot. Each board member would be required to review the entire application independently and respond via a mail ballot.

Nominations for the one year terms for the chair and secretary.

ON A MOTION BY SWANDER, SECONDED BY SCHNEIDER, NOMINATE CHERYL CORRICK TO BE THE CHAIRPERSON FOR THE NEXT YEAR. ALL IN FAVOR, NO NAYS.

ON A MOTION BY SCHNEIDER, SECONDED BY TAYGAN BY TO NOMINATE JENNIFER SWANDER TO BE THE SECRETARY FOR THE NEXT YEAR. ALL IN FAVOR, NO NAYS.

Ms. Corrick adjourned the meeting at 3:45 p.m.

Respectfully Submitted:

Connie Petz, Licensing Examiner

Cheryl Corrick, CDM Chair

Date